SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON ON AFTER SEPTEMBER 30. AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

Oct 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F42335 Communication Specialists, Iva. Principal Place of Business Mailing Address 150 Ave B 5 E Same 3. Date Incorporated or Qualified 8-26-81 Winter Hover, FI 4. FEI Number Applied For 9-2131008 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? No Yes 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Sharas M. Conkouxez 82 Street Address (P.O. Box Number is Not Acceptable) 150 Aue BSE Winter Haven, FT. 83 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition 1.1 TOTLE TITLE President Secretary Traverer NAME Starow M.Comkowycz 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 150 Aug. CITY-ST-ZIP e Presiden 1.4 City-ST-ZIP DELETE Change ■ Addition 2 1 TITLE TITLE 2.2 NAME raul ( NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1-ZIP □ DELETE Change \_\_ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP 400002656454 -10/06/98--01020--0**2**9 DELFTE ☐ Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS \*\*\*550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

54 CHY-ST-ZIP

6.4 City - St - ZiP

61 TITLE 6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE** 

CITY-S1-ZIP

STREET ADDRESS.

CITY-ST-ZIP

TITLE

941)2941429

Change

FILED